APPENDIX A-4:

Data Abstraction Tool: Care Coordination Measures (CCM -1, CCM-2, CCM-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of *italic and underlined font* throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. Provider ID (PROVIDER-ID)_____ (AlphaNumeric)

3. First Name (FIRST-NAME) _____

4. Last Name (LAST-NAME) _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX)   □ Female   □ Male   □ Unknown

7. Postal Code   What is the postal code of the patient's residence? (POSTAL-CODE)   __ __ __ __ __ __ __ __ __
        Five or nine digits, HOMELESS, or Non-US

8. Race Code – (MHRACE)   Select One Option
                □ R1 American Indian or Alaska Native
                □ R2 Asian
                □ R3 Black/African American
                □ R4 Native Hawaiian or other Pacific Islander
                □ R5 White
                □ R9 Other Race
                □ UNKNOW Unknown/not specified

9. Ethnicity Code – (ETHNICCODE)   __ __ __ __ __ __
                (Alpha 6 characters, numeric is 5 numbers with – after 4th number)

10. Hispanic Indicator- (ETHNIC)
                □ Yes
                □ No

11. Hospital Bill Number (HOSPBILL#)   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
                (Alpha/Numeric – field size up to 20)

12. Patient ID i.e. Medical Record Number (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ __   (Alpha/Numeric)

13. Admission Date (ADMIT-DATE) ___ ___-___ ___-___ ___ ___ ___

14. Discharge Date (DISCHARGE-DATE) ___ ___-___ ___-___ ___ ___ ___

15. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission? (CLNCLTRIAL)

                □ Yes   (Review Ends)
                □ No

16. What was the patient's discharge disposition on the day of discharge? (DISCHGDISP) (Select One Option)

        □ 01 = Home
        □ 02 = Hospice- Home
        □ 03 = Hospice- Health Care Facility
        □ 04 = Acute Care Facility
        □ 05 = Other Health Care Facility
        □ 06 = Expired   (Review Ends)
        □ 07 = Left Against Medical Advice / AMA   (Review Ends)
        □ 08 = Not Documented or Unable to Determine (UTD)

17. What is the Medicaid Payer Source? (PMTSRCE)
Measures data collection and reporting files must include all the allowable Medicaid payer source code values as listed below.

Payer Source Code	DHCFP Payer Source Description
□ 103	Medicaid (includes MassHealth)
□ 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan
□ 108	Medicaid Managed Care- Fallon Community Health Plan
□ 110	Medicaid Managed Care – Health New England
□ 113	Medicaid Managed Care – Neighborhood Health Plan
□ 118	Medicaid Mental Health & Substance Abuse Plan- Mass Behavioral Health Partnership
□ 207	Network Health- Cambridge Health Alliance MCD Program
□ 208	HealthNet – Boston Medical Center MCD Program
□ 119	Medicaid Managed Care Other (not listed elsewhere)
□ 98	Healthy Start
□ 178	Children's Medical Security Plan (CMSP)

18. What is the patient's MassHealth Member ID? (MHRIDNO) All alpha characters must be upper case

    _____

19. Does this case represent part of a sample? (SAMPLE)

    □ Yes

    □ No

20. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Reconciled Medication List at the time of discharge? (RECONMEDLIST)

    □ Yes

    □ No

21. Did the patient/ caregiver(s) *or the next site of care for a transfer* receive a Transition Record at the time of discharge? (TRREC)

    □ Yes

    □ No (Skip to Question #33**)**

22. Does the Transition Record include the Reason for Inpatient Admission? (INPTADMREAS)

    □ Yes

    □ No

23. Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results *or documentation of no procedures and tests*? *Note- If the patient is a transfer to another site of care and copies of procedures and tests were transmitted with the patient, select Yes.* (PROCTEST)
    - □ Yes
    - □ No

24. Does the Transition Record include the Discharge Diagnosis? (PRINDXDC)
    - □ Yes
    - □ No

25. Does the Transition Record include a Current Medication List *or documentation of no medications*? (MEDLIST)
    - □ Yes
    - □ No

26. Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending? (STUDPENDDC)
    - □ Yes
    - □ No

27. Does the Transition Record include Patient Instructions? *Note- If the patient is a transfer to another site of care and the instructions will be determined at the time of discharge from that site, select Yes.* (PATINSTR)
    - □ Yes
    - □ No

28. Does the Transition Record include documentation of an Advance Care Plan? (ADVCAREPLN) *Note: Patients < 18 years of age are excluded from Advance Care Plan.*
    - □ Yes
    - □ No

29. Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay? *Note- If the patient is a transfer to another site of care, select Yes.* (CONTINFOHRDY)
    - □ Yes
    - □ No

30. Does the Transition Record include Contact Information for obtaining results of Studies Pending at Discharge or *documentation that no studies were pending*? *Note- If documentation of "no studies pending", select Yes.* (CONTINFOSTPEND)
    - □ Yes
    - □ No

31. Does the Transition Record include a Plan for Follow-up Care related to the inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another inpatient *site of care*? (PLANFUP)
    - □ Yes
    - □ No

32. Does the Transition Record include the *name of the* Primary Physician or other Health Care Professional or site designated for follow-up care? (PPFUP)

       ☐ Yes

       ☐ No

33. What was the date *documented in the medical record that* the Transition Record was transmitted? (TRDATE)

      ___ ___-___ ___-___ ___ ___ ___   (MM-DD-YY or UTD)